



## **Region V EMS Advisory Council**

21 June 2018, 1300

St. Mary's County Emergency Services

20390 Leonard Hall Dr. Leonardtown, MD

### **I. Introduction**

### **II. Dr. Alcorta/MIEMSS Report**

- a. Executive director search. Expecting a report soon
- b. CRISP:
  - i. Addressed EMSOP concerns re: Cost (none to MIEMSS or EMSOPS)
  - ii. Privacy compliance officer. Designate One
  - iii. Termination: Any time, bi-directional 30 days' Notice.
- c. Beta Test: ELITE:
- d. Medication Shortage:
  - i. Ketamine shortage. If no Ketamine, Midazolam will be primary for Exited Delirium.
  - ii. Verapamil for Cardizem
  - iii. Epi For Dopamine
  - iv. LR in adequate supply so far
- e. EMEDS to Elite migration. 11 counties are live. 8-9 have confirmed dates only 1 without an integration date confirmed. Migration to 3.4 is going well
- f. Medical Pediatric Pt. Hospital ID: Schema
- g. ADLS Scheduled 6/28-6/29 Only 14 students signed up but need 25
- h. Baltimore City Pilot on Stabilization/sobering centers: Participants have been lower than hoped/anticipated. May not be the best alternative.
  - i. Early start on Suboxone less, referral.
- i. Naloxone Leave Behind Program: Health department program & Funded by them. Many are participating
- j. Safe Station Program in AA County. Fire station based. Activates an evaluation team who will get them placed in a program or given leave-behind Narcan
- k. Other research programs
  - i. Neurologist consults during ER Consults Currently with Sinai, expanding to other hospitals Contact-needle time for fibrinolytic
  - ii. Endovascular study with patients with a LAMS of 4 or greater expanding to Sinai to get larger numbers for the study.
- l. Protocol Updates:
  - i. Taken/not taken report issues are being addressed
- m. Active Assailant committee has been expanded under orders from the governor
  - i. Multi-agency participation: Fire, EMS, & Law Enforcement
  - ii. Ordered to review the 2014 whitepaper

- iii. Look at schools & other agencies
- iv. Investigate prevention strategies
- n. Legislation
  - i. OD Map required reporting by MIEMSS
    - 1. Actively required to report OD elements
      - a. Date
      - b. Time
      - c. Location
      - d. Naloxone
      - e. Outcome
    - 2. Trying to do it as close to real-time as possible. Working with ImageTrend to make the data useful
  - ii. SB682: Reimbursement mechanism for 3 areas
    - 1. MICH (treat and release)
    - 2. Alternate Destination
    - 3. Naloxone with refusal
- o. Andrew Naumann:
  - i. SHSGP: Looking for early progress reports to avoid re-allocation to meet contractual deadlines
    - 1. Look to be required to produce a report at the 3-month point
  - ii. Naloxone: Vast majority of the money has distributed. Not all jurisdictions participated
  - iii. WRNNMC Collaborating with MIEMSS to see how to get Military Medical personnel into the field in Maryland for ride-alongs & care provisions
  - iv. Communications RFP For MIEMSS. Pending an award soon.
    - 1. Hospital challenges:
      - a. Verizon will no longer support copper wire phone systems
      - b. MIEMSS I looking to see where we can install VOIP and upgrading communications infrastructure
      - c. Scheduling will be coordinated by Regional Administrators
  - v. IMT Deployment to Howard County and Ellicott City:
    - 1. Collaborating with MEMA
    - 2. Working with jurisdictions
  - vi. VAIP:
    - 1. Looking at integrating protocol changes.
- p. Feedback from Dr. David Glenn:
  - i. Fentanyl and Morphine shortage in Calvert.
    - 1. MIEMSS consider any replacement in the face of Ketamine, Fentanyl & Morphine shortage? No. but will look into the process.
      - a. It's a shame that something as ubiquitous and classic as Morphine to be shorted.
    - 2. "Tylenol's Moment to Shine," Dr. Glenn
- q. Dr. Stone:
  - i. Opioid recovery centers: Why the low turnout?
    - 1. Clearance is too restrictive

2. Patients are refusing even if they meet the inclusion criteria.
  - a. Don't see benefit. Only a bill.
  - b. Those who are in withdrawal or severe intoxication are not ending up at the center.

**III. Review of Minutes: Approved**

**IV. Report of Chairman** Chief Alan Butsch, MCFRS

- a. 2<sup>nd</sup> MIH Symposium 110 attendees
    - i. Very good material.
  - b. Participating in SB 682
  - c. Stars of Life ceremony in Annapolis
    - i. MIH Programs recognized
- V. Medical Director's report (Dr. Roger Stone):
- a. Congratulations to the EMSOPS in their ongoing efforts of implementations of eLITE and commends their efforts to get on board.
  - b. Shortages: Vary depending on whether the EMSOPS can piggy-back on hospital supply
  - c. Commend & Congratulate the EMSOPS for Narcan reimbursement. No word for the next round of funding
    - i. Calvert is not participating
  - d. MIHC Program momentum is welcome to share by other agencies. Sharing is encouraged. If anyone is interested in learning more and participating, Montgomery County invites them to join in the coordination meetings.
  - e. Thanks to the EMSOPS who responded to payment information for SB 682. Further outreach may come in the future.
  - f. Laurel & Shady Grove Base Station review.
  - g. Base Station Course: Laurel: Certified to give the course? No new one. Just Priya
  - h. Executive Director Search: May reach out to Medical Directors re: needs.
  - i. MIEMSS Licensure website:
    - i. Per Reaching out to Terrell, Committee is still meeting and two improvements are scheduled over the next few months. Interested stakeholder are invited to participate in the meetings or reach out to MIEMSS for information.
  - j. National ISSUES:
    - i. EMS Agenda for the Future: to be updated to AGENDA 2050;
      1. First draft and open comments just ended at end of may
      2. 2<sup>nd</sup> draft and comments coming
        - a. Anyone can comment
    - ii. QA Challenges informational swap
      1. Meeting is hosted by MCFRS 2<sup>nd</sup> Tuesday of Even months at lunch. Open meeting. Restarting in August.
    - iii. MIHC Health Partner meetings 3<sup>rd</sup> Thursday open to interested.
    - iv. EMS Physician board exams: now 655 EMS Sub-specialists in the country after the exams.

**VI. MIEMSS Report: (See. Dr. Alcorta's Report above)**

**VII. Old Business**

- a. ELITE implementation

- i. Calvert July 9<sup>th</sup>.
- ii. PG: Pushing for July 1 Billing hiccups with volunteers
- iii. Charles, June 1
  - 1. Excellent work by Chief Finch and company
  - 2. Growing pains already with acclimation.
  - 3. Overall
- iv. St. Mary's Target July 1
- v. MCFRS: Sept 1 due to contractual dispute that needs resolving
- b. AEMT: Deferred from Last time:
  - i. Town Hall was held: are any jurisdictions interested in pursuing the option?
    - 1. No interest showing.
  - ii. NDW: Unknown
  - iii. Discussion:
    - 1. Cooney/Bustch: AEMT doesn't necessarily improve on our IV Tech
    - 2. Davidson: The "LIFT" of adding the education & testing outweighs whatever benefit.
    - 3. Stone: IV Tech is "Home Grown," not an OSP. AEMT could be adopted by an EMSOP in the same way.
    - 4. BUSTCH: Input Avenue?
      - a. Cooney: none formal; Email to me.
    - 5. Stone: Think about it. Discuss again in September.
  - iv. Filer: regional Affairs committee: Expand 05/50: Automatic CPR may be covered but need to be ratified by SEMSAC.

**VIII. New Business:**

- a. Dr. Stone: "Open Access Regional Medical Director:
  - 1. NDW: Overlaps Region V
  - 2. Follow up from Trauma & military medicine integration
  - 3. Welcome Dr. Remick
- ii. Dr. Remick:
  - 1. Thanks: Trauma surgeon/flight surgeon
  - 2. NDW Is Navy, NCR is army. Dr Remick is army
  - 3. Dr. Remick Charged with integration all of the trauma assets in the NCR into an integrated system of care
    - a. Need to figure out how to integrate with all partners, i.e. MIEMSS, DC, etc.
  - 4. Forming a National Capitol Region Military Trauma System.
    - a. 3 Reasons to Best utilize mil resources in the NCR:
      - i. Receive Service members from overseas in this region
        - 1. Update for contingency plans & Surge in casualties from a large war
      - ii. Maintain the strategic infrastructure of medical care
        - 1. Walter Reed
        - 2. Fort Belvoir
    - iii. Train Personnel before they go to operational theater

1. Side note: all EMT-Bs in the army are trained to IV tech.
5. Walter Reed National Naval Medical Center (WRNNMC):
  - a. 4 Agreed-upon collaboration points with MIEMSS
    - i. Disaster response & Preparation
    - ii. Training & education
    - iii. Rehabilitation & restoration
    - iv. Research
  - b. Base Station: WRNNMC is procuring a Listening station for medical notifications: Working with MIEMSS to set that up.
- b. First Pediatric EMS Symposium on 8/4. Room for 200. Please sign up
  - i. At Children's hospital
  - ii. Audience is exclusively EMS
- c. Pediatric Disaster Response and Emergency Response course was just held
  - i. 55 students
  - ii. Thanks to MFRI for hosting
- d. EMSC Report: Attached

### **Regional Round Table**

- Prince George's Health Department - Not Present
- Montgomery County Health Department - Not Present
- Charles County Health Department - Not Present
- Calvert County Health Department - Not Present
- St Mary's Health Department - Not Present
- Laurel Regional Hospital – No current date for stand-alone: Will update the council with specific dates
- Prince George's Hospital – Nothing to report
- Doctors Community Hospital – Nothing to report
- Fort Washington – Not present
- Southern MD – Not Present
- Charles Regional – Not present
- Calvert Health – No Report
- Medstar St. Mary's Hospital – No Report
- Washington Adventist Hospital – Not present
- Holy Cross Hospital – Not present
- HCH Germantown – Not present
- Shady Grove Adventist – Not present
- Suburban – No report
- MedStar Montgomery– Increase in behavioral health patients continues. Internally and externally tracking to ensure they're being routed and treated appropriately
- Children's National Medical Center – No further report
- EMSC – see attached report and handouts
- Shock Trauma –

- Carla Aresco will be the new program manager and filing the EMS Liaison role [STCEMS@UMM.edu](mailto:STCEMS@UMM.edu).... Will still work.
  - Please come get your equipment from STC!
  - EMS Broadcast was 60 second consult. Will be on MIEMSS site in the next two weeks.
- Malcolm Grow – Not present
- Walter Reed – Nothing Further to report
- MSP – Not Present
- US Park Police – No report
- MSFA – Not Present
- MFRI- Date on the MFRI Website for ADLS IS correct. August starts the academic year is right around the corner. Whether a course goes or not is based on attendance so sign up early is best. Please ask for courses if you don't have them.
- Prince George's County Fire/EMS – Nothing to report
- Montgomery County Fire/Rescue –
  - Highly Infectious Communicable diseases program is spinning up. Reach out if you need them. Won't cross jurisdictional lines without permission. All ages are provider for. Ebola outbreak in the Congo increased the pace of implementation
- Calvert County EMS – Med Dir: County Supported ALS System is in the works (paid). Job description for the leader of a paid ALS system may be out in early to mid-July. Intent is to add a significant ALS component that would be county employees to augment the Volunteer ALS component that will continue to function as well. Heather: Having trouble getting Ketamine. No further report.
- Charles County EMS – No ketamine, delay in shipment. Narcan leave behind participant. Health Department is already deploying it. -
- St Mary's County EMS –
  - Mark Pettit: Dr. Geary, regrets. Shift coverage. Final Leave behind project meeting is scheduled. 200 kits available. Finalizing form. Will deploy to units & to hospital Medication Vending machine for replenishment.
  - Chief Shawn Davidson: School shooting: The amount of regional operation support was commendable and welcome.
  - Chief Alan Bustch: Lessons learned?
  - Chief Shawn Daviston & Mark Pettit:
    - Unified Command is Desperately needed in situations like this
      - Police & EMS/FIRE have integration & Communication issues.
    - Staff in the school environment have very little training & knowledge about triage, cover, & other issues in active assailant. Significant hurdle in cooperation & Operation.
      - Education for Educators about active assailant response & training
      - (Pettit) Stop the bleed can be very useful in this matter.

## **IX. Adjournment.**